

GRAY (J. P.)

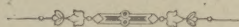
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ON

PROGRESS IN PROVISION FOR THE INSANE.



BY THE

EDITOR OF THE AMERICAN JOURNAL OF INSANITY.

[John P. Gray]

[From the *American Journal of Insanity*, for October, 1884.]



REVIEW OF DR. GODDING'S PAPER.

Progress in Provision for the Insane for the Past Forty Years in America.

The present number of this JOURNAL contains an interesting article by Dr. Godding in his most graphic style. As it purports to be a history, we feel it to be our duty to call attention to certain statements, which, in a memorial record of the Association, claiming to be a history of progress in provision for the insane in this country, are, to say the least, misleading. Of course, our principal concern in this rejoinder, if it be such, is to vindicate history as well as the course of the Association of Medical Superintendents, and to place the action of the Association in its proper light. The more do we recognize this duty as the Doctor at the outset introduces his remarks by asking, "What are we doing in the Master's Vineyard?" adding: "It is time to take an observation and to see what speed the good ship launched forty years ago, has made, and how, and where and whither she is drifting." Again he says: "The question that we are called upon to answer to-day is, what is the real progress, if any, which has been made during the last forty years in our provision for the insane in America in its completeness and in its character? It is that which I am here to discuss."

Dr. Godding's paper is a palmary example of the "art of putting things." To be asked to give a history of the progress in provision for the insane in America for the last forty years, was not necessarily to be put upon giving an "excuse for being" of the Association of Medical Superintendents. The *raison d'être* of that Association, as of any association for benevolent,



economic or scientific purposes, is mutual assistance and information and the formulation of results of the general experience.

In giving a summary of the institutions, including those of Canada, in existence when the Association was organized, he says: "Twenty-five in all, of which, only thirteen were distinctly State hospitals, having in 1844 a population of about fifteen hundred insane, out of some seventeen thousand in the country."

We find from statistics of that date, (See JOURNAL OF INSANITY, Volume I, page 80,) that there were 3,348 patients in the institutions then existing in the country, and we find no evidence except the census of 1840, which was shown to be very defective, to justify the statement that there were seventeen thousand insane then in America. The census of 1840 to which we refer (JOURNAL OF INSANITY, Number I, page 72,) gave 4,333 white insane and idiots supported at public charge, 829 colored insane and idiots at public charge, and 10,192 white insane and idiotic supported at private charge, and 2,103 colored insane and idiots at private charge. If there were then seventeen thousand insane, which we do not believe, there were nearly five thousand of them in the care of hospitals.

The Doctor gives the list of the superintendents of that period, and declares them all not only to have been "live men" but, "each one a giant." With this every one must agree who follows up their active and useful lives. But he adds this rather curious statement: "At that time it had not occurred to the members of the Association that it was necessary to have propositions authoritatively enunciated on any subject." The "propositions" statedly put forth by the Association would seem to be a sort of *bête noire* to Dr. Godding, and he can not forbear to show this by assailing them,

while at the same time he is obliged, on the whole, to defend their main principles, such as the duty of the State to provide for all the insane within its jurisdiction. He does not seem to realize that to formulate the results of scientific research, as far as experience has gone, is not to cut off further discoveries. He gives the following as an illustration in regard to the propositions. "In the early days of a religion, men go to the stake for a belief so simple and firmly held that they write it down only in their lives; in the latter stages of that religious development, zealots get together and crystallize out their warring beliefs into written creeds." Yet we find that in 1851, the Association—those very "giants" or "zealots"—did formulate "propositions" which, to use the language of Dr. Godding, "embodied the most approved ideas in regard to hospital construction and arrangement, and so afforded a basis for most liberal plans of which the several States about to build hospitals wisely availed themselves." He doubts if "one is required to enunciate anything," and adds: "When I come to reverently lay a garland on an altar of the past I certainly shall not rudely attempt to overturn it, but I may be permitted to regret that the religion which reared it is extinct. There is always a danger in regard to propositions."

In what sense have the propositions become obsolete like that "altar of a past religion" that has become extinct? Take those propositions upon which Dr. Godding says most of the hospitals built after 1851 were planned, and which he declares "in their admirable arrangements are almost models to-day;" is there anything to prevent their enlargement and extension to all actual requirements from time to time? Indeed, is not this the actual history of these very hospitals? Dr.

Godding lays too much stress on the limitation to 200 patients; certainly no "law of Medes and Persians," for it was afterwards modified to 250 and again increased to 600. It never formed any obstacle to progress. It was no *law* for construction of hospitals but a simple suggestion for the highest degree of efficiency in the majority of institutions required at that time.

We object to the following statement of Dr. Godding:

It is noticeable that the ideas of what the provision for the insane should be were regarded as authoritatively settled by the Association. Heresy was not tolerated in those days and whoever meddled with the ark of hospital construction was stoned. It is interesting, and in the light of modern changes instructive, to note in the proceedings of the Association, in 1855,* how an erring southern brother, Dr. Galt, of Virginia, was dealt with on this subject. Whoever reads the "Farm of St. Anne,"† now will find a picture not wholly uninviting by contrast with what he may happen personally to remember of certain prison-like aspects in the midst of all the comfort and elegance of the New England hospitals of that day, but after the reception it met with at the meeting of the Association, it is certain that no "St. Anne's Farm" in America marked an era of progress in provision for the insane of that generation.

The editor of this JOURNAL was present at that meeting, and the questions discussed had no reference to the propositions of 1851 and 1853. The discussion arose out of a memorial by Dr. Brown, of Bloomingdale, on Dr. Francis Bullock, in which "he took occasion to animadvert upon some of the views expressed in an article published in the April number of the JOURNAL OF INSANITY, 1855."

Any one who turns to the paper of Dr. Galt, in the JOURNAL OF INSANITY, Volume XI, and to the proceedings, Volume XII, will see first, that the editor of this

* See JOURNAL OF INSANITY, vol. xii, p. 39.

† "The Farm of St. Anne," by John M. Galt, M. D.—JOURNAL OF INSANITY, vol. xi, p. 352.

JOURNAL was quite as much the subject of criticism and attack for publishing the article referred to, as the "erring southern brother, Dr. Galt," its author. It is proper to say, there was no north or south then in the Association, and no erring medical brethren, as there are none now. Men differed in opinion then as they do now. History should be reasonably accurate. Our readers can not all readily turn to the XIIth Volume of this JOURNAL, and we, therefore, reproduce the whole of the expressions in the paper of Dr. Galt which were the basis of criticism.

We here quote: Dr. Brown then read from the April number of the JOURNAL OF INSANITY, as follows, from page 353:

Even as it is, on going from some institutions, which I could mention, to those of New England, the latter, by the great contrast which they afford in this respect, appear mere prison-houses, notwithstanding their internal attributes of comfort and elegance, and a general management and systematic action in which they are superior to the asylums referred to, and, in fact, have few equals anywhere.

Also from the page following:

Would that the friends of the poor lunatics could be convinced of this deficiency; America might then have the honor of establishing at least one new principle in the government of those laboring under mental alienation. Up to this time what has she done in this respect? Absolutely nothing, must be the true answer of every unprejudiced mind. Whilst, indeed, those entrusted with the supervision of the insane, and particularly those at the head of the most richly endowed asylums, shall deem the true interests of their afflicted charge not to consist in aught on their part but tinkering gas-pipes and studying architecture, in order merely to erect costly and at the same time most unsightly edifices—erections at which Mr. Ruskin would shudder—so long may we anticipate no advancement in the treatment of insanity, as far as the United States are concerned.

There was nothing in the discussion about St. Anne or the numbers that should be provided for in hospitals. There was no attack upon progress or upon Dr. Galt or the farm of St. Anne. The paper of Dr. Galt was merely an account of the farm of the hospital of the Bicêtre in Paris and that of Gheel in Belgium, not from personal visitation by the author, but from what he had read. The discussion was confined to certain questions of fact touching Dr. Galt's remarks about New England Hospitals. The men of that period were neither arbitrary nor intolerant, but on the contrary, were men of breadth of view and magnanimity, and utterly incapable of such a spirit as is imputed to them by Dr. Godding. Dr. Galt was not "stoned" nor sawn asunder, nor was he driven to the horns of the altar for refuge. Such high priests as Bell, Ray and Workman really defended him in the open congregation, though they were themselves chief among the "tinkers of gas-pipes and students of architecture." Dr. Ray, after some palliative remarks on Dr. Galt's statements declared that "It might have been well if the managers of the JOURNAL had entered their *caveat* against the assertion that the hospitals of New England have a very peculiar and prison-like appearance." Dr. Kirkbride declared "such a wholesale slander on the gentlemen who managed the institutions of New England should not have found a place in the JOURNAL where it appeared." Dr. Nichols, of the Government Asylum at Washington, "Did not know why the institutions of New England were particularly specified as presenting the appearance of 'mere prison-houses,' for a greater number of essentially the same sort of structures may be found out of the Eastern States, than within their borders; and he believed that a very general concurrence of views, in regard to the proper organization

and management of such establishments, happily prevailed among nearly all their medical directors."

"He might," Dr. Nichols added, "say of the construction and management of New England institutions, and their extreme opposites, wherever found, happily few in number—

Look here, upon this picture, and on this;

* * * * *

And what judgment

Would step from this to this?"

And then he referred to the characters of Drs. Ray, Bell, Earle, Jarvis and Kirkbride, to show that something had been done for psychological medicine in this country in comparison with that of other countries, and closed by saying that "America had done much that should excite the gratitude of her children, something that should command their respect, and nothing becoming in them to condemn."

Dr. Fisher, of North Carolina, called for the reading of the "offensive remarks" of Dr. Galt, and the sentences already quoted were read. He then said:

That he regarded the statement made by the writer rather in the light of a mistaken opinion, than that of a misstatement of fact. He would say that the opinion cited from the JOURNAL did not correspond with his own impressions when he visited a number of the institutions of New England. With due deference, however, to his excellent friend, Dr. Kirkbride, he would say that he thought him rather denunciatory of the remarks quoted.

We are always sorry to spoil fine writing, but we can not think the facts set forth justify such a back-handed compliment to the far-sighted men whose names figure in that record; who, while many of us were in psychological swaddling clothes, were working out the great problems which have stretched down from them to us, respecting the care of the insane. We enter a *caveat*,

taking the advice of the veteran Ray, even though such fine writing is aimed at so arrogant and tyrannical a proceeding by the Association as formulating from time to time the progress of experience in propositions for guidance. We believe in the past and in the present, and while we are quite willing to be led out of Egypt into a land of promise by any Moses, we are not willing under any shower of praise to listen in silence even to "giants" of the present day traducing our ancestors.

The Association had been in existence eleven years. There is no record anywhere to show that they ever treated matters of construction either as a "heresy" or a "dream." The enlargement of the plans of hospitals was a current fact. In 1851, when the propositions were announced, Utica, Worcester and a number of institutions had more than two hundred, and there was constant and steady development also on the lines of 1851; and among the propositions of 1853, was one in regard to the number of physicians and other officers desirable in institutions containing more than two hundred patients. The enlargement, therefore, of plans of hospitals was nothing sudden, and certainly did not wait for 1866.

What Dr. Galt said in his paper about St. Anne, to which Dr. Godding refers, was nothing new. It was known to members of the Association and to some of them by personal observation. It was simply an account of a farm to which the patients of the Bicêtre were taken out of the hot city of Paris. Dr. Galt could, at any time, have seen St. Anne if he had turned his eyes upon many of the institutions of his own country. Indeed, one of the propositions of the Association which Dr. Godding alternately eulogizes and condemns, declared the necessity of a farm.

No hospital for the insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by any State hospital, or other institution, for two hundred patients, *to which number these propositions apply, unless otherwise mentioned.*—[The italics are ours. Eds.]

The Government Hospital, from which Dr. Godding has penned his panegyric, had more of a farm in 1855 than that of St. Anne. Dr. Nichols in a report to the Secretary of the Interior, dated December 24, 1852, (JOURNAL OF INSANITY, Volume 9,) says:

A site for the hospital of the District of Columbia, and of the army and navy, comprising a farm of about one hundred and ninety acres of land, situated on the southeast side of the eastern branch of the Potomac, nearly due south from the Capitol, and about two miles from it in a direct line, has been selected and secured by absolute purchase and full payment, in the sum of *twenty-seven thousand dollars.* * * * * * The farm purchased is under a high state of cultivation, with a large number of choice, well-set young fruit trees upon it.

In 1873 this farm had reached 419 acres, and with the out-buildings and wall represents many thousands.

In 1874, Dr. Nichols speaks of expenditures that year beyond the current expenditures, of \$46,712.22, "in the erection of a large and very superior stock and hay barn," and materials for hog-barracks, grazing, sheds, poultry houses and other improvements.

There were then but few institutions without farms, and as Dr. Nichols in 1852 stated: "Nearly every one has a hundred acres attached to it, and several of them many more." And yet not content with this opening thrust at the early fathers of the Association, Dr. Godding, near the close of his paper, repeats "we may yet see rural pictures of lunacy that shall pleasantly recall the Farm of St Anne without its *recriminating* contrasts, and that Dr. Bemis, of Massachusetts, may at

last be consoled for the cottage home that he saw in his mind's eye." What Dr. Bemis saw in his mind's eye, we shall not undertake to say, but certainly the writer could not mean that Dr. Rockwell's purchase of a timber lot thirty years ago, or the cottage at Hartford Retreat, is evidence of a new régime altogether. Has he never heard of the cottages long before built by Kirkbride, or of the system of Dr. Cutter at Pepperell, Massachusetts, or of the cottages and home-treatment of Dr. Russell at Winchendon, and others?

The JOURNAL OF INSANITY, Volume XI, contains remarks of the Hon. John G. Davis, of Indiana, in the House of Representatives, February 22, 1855, in regard to the United States Government Asylum for the Army and Navy, an eloquent address, in which he speaks of the thirty-three public institutions in the twenty-three different States of the Union, and says: "Sixteen of these institutions have gone into operation within the last fifteen years, and all with precisely the same internal and external *régime*." He then adds:

This uniformity, sir, did not arise from a blind imitation of some early example, accidental in its character in all subsequent enterprises of the kind, but is the natural result of mature experience interpreted and applied by men actuated by a sincere and enlightened benevolence. * * * Finding our prototypes in the mother country radically defective, and there being here no prejudices of custom to overcome, as abroad, our countrymen lost no time in making such modifications as experience suggested, and were not long in reaching the present *régime*, the basis of which is the domiciliation of the patients and the whole household engaged in their care, with the superintendent, to whom is confided the requisite authority, and upon whom is laid the responsibility of a humane and skillful direction of his charge. Practically, the simple and efficient system of executive government which prevails in American asylums creates a family, of which the physician-in-chief is the head, to whom is confided the entire direction of the medical and moral treatment of the patients, and

of the duties of all persons engaged directly or indirectly in their care.

These words could be taken as a true description of the American institutions of to-day.

The Government Hospital itself was from the start constructed on the principles of other institutions existing at that time, and of the present, and in one of the reports of the Secretary of the Interior to Congress these words are used :

The plan originally adopted, which was on a magnificent scale, has been adhered to and steadily pursued until we find ourselves in full view of its completion.

This hospital must, therefore, be considered as one of Dr. Godding's "Cathedrals of Lunacy." It stands a representative structure on a magnificent scale, and is called by Dr. Nichols "Collegiate Gothic;" not one of the structures of the "men of '66;" nor is it the cheap structure which one might infer from the invitation to "Come to Washington and see what can be done with small appropriations. * * * See the provision which has been made there with limited means from the start." Let us see. In the report of 1875 of that institution, Dr. Nichols says that the "original hospital edifice and two separate out wards, erected at the same time were designed for 290 patients, and cost, furnished and fitted up, exclusive of land and outbuildings, \$406,848, or \$1,403 per patient," and he presents plans for its extension for 250 patients more, at an estimated cost of \$395,000, or \$1,580 per patient," and adds, "In submitting so low an estimate for this structure we have considered the advantages of our local and special experience in executing similar work," &c. In the face of this Dr. Godding says:

Such temples of philanthropy are creditable to the hearts that reared them, but I think we may set it down as an established fact, that although religion will still require churches and chapels for public service, the world, unless exceptionally, has done building cathedrals either for devotion or philanthropy; convenient places of worship that do not tax the parish too heavily for their construction will be preferred to more ostentatious fanes.

But Dr. Godding also says:

I certainly would not say that our hospitals for the insane have, as a whole, been extravagantly built. I am sure that we shall all agree that in one respect the men of the first era (sic) built well, nay, even "bultled better than they knew," when they planted these liberal hospitals for curable cases in the midst of farms and grounds so extensive that they now afford ample room for the asylum *homes* (sic) for the chronic cases, which in future years will grow up around them.

It "may be set down as an established fact" that the people of their abundance will still give to the erection of temples in which to worship their Creator, and States will still spread their philanthropic arms about the poor and helpless; not the cold embrace of parsimony, but the soft and comforting embrace of plenty. When Macaulay's New Zealander stands on London Bridge, contemplating the ruins of St. Paul's, people will have abandoned cathedrals and churches, and taken refuge in cheap worshipping places.

As already stated, one of the most extraordinary features of the memorial of Dr. Godding, is his frequent reference to the "propositions" for the size of buildings, as though they embarrassed and hampered the action of States in the erection of institutions of a suitable capacity. Secondly, and particularly in what he says of the Convention in Washington in 1866, he warrants the inference that the tendency of the Association was not to care for all the insane, and that the proposition limiting the size of asylums was a barrier

to the widest treatment. This, in the light of facts, is simply ridiculous. There never was a time when the Association did not maintain that all should be provided for. He admits in his own article that no member had ever maintained otherwise. He says:

The medical superintendents of institutions for the insane as a body, individually and collectively, and without a single exception, have put themselves on record, again and again, as demanding that the State should make the best possible provision for every insane person within its jurisdiction, whatever the form of the disease, acute or chronic, curable or incurable.

It is somewhat amusing to see the amount of rhetoric expended by Dr. Godding upon the rejection by the Association in 1866 of a proposition to make special provision for certain cases of chronic insane. He says:

Dr. Butler, of Hartford, Connecticut, in an eloquent address on the claims of the chronic, and presumably incurable, insane, delivered before the Association at the meeting in 1865, Dr. Cook, of Canandaigua, N. Y., in a glowing picture of the provision for the insane poor of the State of New York, read at the meeting in 1866, and Dr. John B. Chapin, in an admirable *résumé* of the whole subject in 1867, led the forlorn hope in an appeal for a change in the propositions of 1851 and 1853, a change that involved the enunciation of new ones in favor of distinct provision by the States for their chronic insane, a proposal that was almost unanimously rejected by the Association.

The remarks of Dr. Butler were wholly with reference to Connecticut. Dr. Butler said:

They had in Connecticut five hundred cases which ought to be under hospital treatment. During the past year the incurable had pressed upon them (Hartford Retreat), so that the question had arisen, "What shall we do with them?"

He suggested two plans: to build another institution for curable cases, which "He believed it impossible to obtain the means to enable them to do;" (the State did it, however.) The other—

The Legislature had entertained the question and the present proposition was in favor of a farm for an incurable institution, where patients can be suitably cared for, and perform some labor which would partially meet the expense of their support. For the present he expected to have a State farm, with all the other appliances necessary for the care of incurable patients. He believed there was not an institution in the land in which incurables did not embarrass the care of the curables.—(AMERICAN JOURNAL OF INSANITY, Vol. 22, page 69.)

A discussion followed, participated in by Drs. Kirkbride, Curwen and Reed, of Pennsylvania; MacFarland, of Illinois; Drs. Tyler, Walker and Choate, of Massachusetts; Drs. Peck, Gundry and Hills, of Ohio; Dr. Chipley, of Kentucky; Drs. Douglass and DeWolf, of Canada. With the exception of Dr. Hills, they all dissented from the views of Dr. Butler in regard to establishing a hospital for incurables. (Page 69-74.)

"The discussion was brought to a close by Dr. Butler moving the following resolution:

"Resolved, That a committee of three be appointed to take into consideration the condition of the chronic and supposed incurable insane, and the best possible arrangement for their custody and treatment, and to report at the next meeting of the Association.

"Drs. Butler, Walker and Curwen were appointed such committee."

Dr. Cook's paper read at the meeting of the Association in 1866, (JOURNAL OF INSANITY, Volume 23, page 45,) recited the fact that the State of New York, in 1864, ordered an investigation into the condition of the insane poor in the poor-houses, etc., by the Secretary of the State Medical Society, Dr. Willard. He referred to the report made in 1856 by a committee of the Senate upon the same subject, and quoted from the message of Governor Fenton to the Legislature in 1865, suggesting the propriety of establishing an institution for incurables, viz: "an institution that should relieve

the county authorities from the care of the insane, should be deliberately considered." The Governor further stated in the message that there were 1,345 lunatics confined in poor-houses or poor-house asylums, nearly all of whom were incurable. Dr. Cook then adds: "The question being thus presented to the Legislature, the result was the creation of the Willard Asylum for the Chronic Insane, and for the better care of the insane poor," by an act passed April, 1865. Dr. Cook maintained that the Willard Asylum was—

Designed to supersede the system of providing for the chronic insane in the poor-houses. * * * * * When it shall be completed no more chronic insane will pass from the care of the State asylum to the county poor-houses. The law will then provide for their continued care and treatment by sending them to the Willard Asylum.

Dr. Chapin's paper on Provision for the Chronic Insane Poor (*JOURNAL OF INSANITY*, Vol. 24), was read in 1867, a year afterwards. It is not quite plain how he could have helped to lead a "forlorn hope" at the meeting in 1866.

At the meeting of the Association in 1866, Dr. Butler being absent, Dr. Walker, on the part of the committee, presented a series of five resolutions providing that the State should make provision for all the insane whose families could not provide for them; should locate their hospitals in the center of districts; should "not attempt to make the labor of the insane pecuniarily remunerative or even as a primary object contributive to their support." That "no class of insane, except that of chronic and advanced dementia, should be cared for otherwise than in hospitals properly constructed, equipped and organized." That "demented persons in whose cases the disease is chronic and advanced, may, with propriety, be provided for in

institutions other than hospitals, but always in buildings constructed expressly to meet the requirements of their particular condition," etc., to secure them from abuse and neglect, and that they should be "under the entire control of a competent resident physician."

This was all the committee had to offer to the Association. We take the following from the proceedings:

Dr. CHIPLEY, of New York. I move as a substitute for the resolutions just read the resolutions adopted by a Convention of Superintendents of the Poor of the State of New York, in 1855, as follows:

Resolved, That the State should make ample and suitable provision for all its insane.

Resolved, That no insane person should be treated, or in any way taken care of, in any county poor or almshouse, or other receptacle provided for paupers, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments. This relief should be commensurate with the demand.

The substitute, after discussion, was adopted almost unanimously. (See AMERICAN JOURNAL OF INSANITY, Volume 23, pages 147-9 and 247. Senate Document No. 17, 1856, pages 1 and 2.)

What the Association, therefore, did at Washington, in 1866, was simply to endorse some of the propositions of the Superintendents of the Poor of New York, enunciated by them in 1855, by substituting those propositions for the proposition of Dr. Butler's committee. We must insist on the whole truth in making history and can not permit Dr. Godding to give them as though they originated with the Association of Superintendents in 1866. Those noble utterances belong to the Superin-

tendents of the Poor of the State of New York, assembled in Utica in 1855, antedating the action of the Association eleven years. The Superintendents of the Poor, therefore, were the men who "went down from New York to Albany and found the chronic insane that the hospitals had cast forth to make room for recent curable cases, lying with others whom hospital care had never reached, wounded and bleeding by the wayside, forgotten in alms-houses, festering in cages, loathsome with neglect." They, too, were *real* Samaritans. They did not propose to put them in any cheap place, but like the Samaritan of old, would send them to an inn that they might fare as he had fared himself.

This was in 1855, not in 1866. Such derogatory language as Dr. Godding has used was not applicable to New York in 1866, if it ever had been, and we can not permit such perversion of history in a memorial service to go out to the world uncontradicted.

In solving the great question of taking care of all the insane, New York was neither the laggard nor the contemptuous Pharisee. She had taken the lead among the States, both in inquiry and action. We can not, therefore, be silent or indifferent to such misrepresentation or non-representation of the State of New York. One unfamiliar with the real history, as Dr. Godding seems to be, would infer from his remarks that not until 1866 had that great State proposed the care of all its insane, and that it had taken no steps in the matter until that time; that it had been slumbering in conscious satisfaction, and was suddenly awakened out of a Rip Van Winkle dream by "the men of '66," whoever they may have been, and a pious pilgrimage arranged "to go down from New York to Albany," in behalf of that benighted State.

The truth of history is that this work had already been done in New York before the meeting at Washington in 1866. It was commenced in New York by Miss Dix. And we would here remark that it is extraordinary, in a memorial purporting to give the history of progress in the care of the insane, that this lady should not even be mentioned. She was the angel of mercy who first visited, as an "individual," the poor-houses and jails "and those forgotten in almshouses, &c." It was she who went to the legislature at Albany, before the Association had an existence, with a memorial in their behalf, presenting the most powerful appeal ever brought before a legislative body. It was the pathos of the facts given by her which touched the hearts of men and aroused the Superintendents of the Poor to action, they being the legal guardians of these people, and set men in action in behalf of the suffering insane throughout the State.

It was not with her a spasm of philanthropy, but a quiet, deep determination to do and to keep doing until the great work was complete. Through her influence as a starting force, and the aid of others, the institution at Utica was enlarged. The discussion of the care of the chronic insane was never lost sight of, as abundant public documentary matter would reveal. (See annual reports of Utica Asylum.) Nor was it the Association of Superintendents of Asylums who proposed to make the relief of the insane commensurate with their necessities. Neither was it Dr. Godding's "men of '66." It was the Superintendents of the Poor of the sixty counties of the State of New York, in 1855, who led the way and enunciated the wholesome and humane sentiment, and then and there uttered their protest against further wrong. In their memorial to the legislature, they pointed out the evils of the system existing

and declared that as the law of the State made "the duty of providing for these unfortunate persons compulsory upon your memorialists, and not optional, they would be wanting in their duty to their fellowmen, did they not present to your consideration the nature of the relief for which they pray," etc. They asked relief, therefore, for all. We cite their own words:

The justice of the claim for aid of every insane person should be unquestioned. Whether in the acute stage of the disease or the chronic; whether mild, excitable or paroxysmal, they are objects of *special care*; and it should be provided to the fullest extent for all not in a condition to reside in private families.

* * * * How this may be accomplished, has been the desire of your memorialists briefly to set forth, by showing that the relief must be of a *special nature*. This implies institutions especially adapted in their construction and association for the purpose; which, by their order and quiet, may afford moral treatment, while intelligent medical direction should control their operation.

In view of the urgent demand that has been presented, your memorialists, in conclusion, do not hesitate to recommend that your honorable body will at once cause the immediate erection of two State lunatic hospitals, so located that they may accommodate the largest number of insane at present unprovided for, and so relinquish the undersigned the pain of longer continuing a system fraught with injustice and inhumanity.

The Superintendents of the Poor also unanimously adopted the following resolution February 21, 1855:

Resolved, That this convention do *unanimously* recommend to the Legislature the establishment of an asylum for such insane persons as can not be received by the present "State Lunatic Asylum" but more particularly for the reception of such patients as have been discharged therefrom uncured. (Senate Doc. No. 17, 1856.)

It was this body, therefore, that issued the famous proposition which deserves to be written in golden letters on the escutcheon of every State: "That the State should make ample and suitable provision for all

its insane not in a condition to reside in private families." It was this body that stepped forth in the State of New York recommending the Legislature to create a special institution for the reception of the chronic insane then in the county houses. It uttered no shibboleth of "attainable good" or "unattainable better" but proclaimed the emptying of the poor-houses, jails and prisons, and the erection of the necessary institutions for the care of all. The writer was present as an "individual" at the convention of the Superintendents of the Poor, both in Syracuse and in Utica, in 1855, and participated in the discussions.

The action of the convention was at once followed up. Some of its members went to Albany with memorials and urged this duty upon the Legislature, out of which grew the Legislative Committee of the Senate, who visited the poor-houses, jails and prisons, made an elaborate report, and portrayed in pathetic appeal the sufferings and necessities of these people, and in this they were aided and sustained by other county authorities and the officers of asylums.

A bill was introduced into the Legislature providing for the establishment of two State institutions, one east and one west of Utica. This bill failed the first year, but was again presented and pressed without abatement until at last it succeeded. This was the golden age which inaugurated the benevolent scheme and raised the universal cry for universal care. This was the sentiment which aroused action in the State of New York, and which has never ceased to animate it, and this was the origin of the Willard Asylum, authorized in 1865, an institution which was born before the waking up of the "men of '36" or the "dream" of Dr. Godding, or even the "address" of Dr. Butler in

behalf of Connecticut, which Dr. Godding is inclined to credit to New York.

But New York did not pause with Willard, nor did she change her long conceived purpose. In 1865, the bill for two asylums was introduced, and while considering it, it was deemed advisable to create only one asylum then, and this for the chronic insane, to be called the Beck Asylum after the distinguished scholar and jurispudent, Dr. T. Romeyn Beck, and the name was changed to Willard* at its final passage. New York went on with her noble work, not waiting for "propositions," or "eras," or the "men of '66;" she authorized Poughkeepsie Asylum in 1866, Buffalo in 1869, and Middletown subsequently, all of which are general hospitals for the insane, and Binghamton Asylum for Inebriates, reorganized and reconstructed to follow the plan of Willard.

In addition to this, the State Board of Charities has authorized no less than fifteen county asylums for the chronic insane, in which there are 1,316 inmates.

It will be observed that there were in 1864 in the poor-houses and poor-house asylums 1,345 insane, nearly the same number now in the county asylums authorized by the State Board of Charities.

It is certainly apparent that the system of the Willard Asylum did not fulfill the hopes of Governor Fenton to "relieve the county authorities from the care of the insane." On the contrary it permanently fixed a system in the State of New York of State and county care. Whether wise or unwise, it was adopted, and as a result we have a system partly of State and partly of

* Dr. Willard died quite suddenly and the honor of the name was transferred from Dr. Beck to him. He had simply, as a public official, made up this report from the data furnished him by physicians and Superintendents of the Poor in the various counties.

county asylums, the latter largely dominating. But we have practically universal care. The last report of the State Board of Charities (1884, page 18), shows that there are now in the State 11,343 insane, distributed as follows:

	Males.	Females.	Total.
In the State Hospitals for Acute Insane,.....	731	734	1,495
In the State Asylums for Chronic Insane,.....	1,018	1,134	2,152
In City Asylums and City Alms-houses,.....	2,065	2,951	5,016
In County Asylums and County Poor-houses,...	797	1,072	1,869
In private Asylums,.....	206	352	558
In the Asylum for Insane Criminals,.....	135	9	144
In the State Asylum for Insane Emigrants,.....	63	46	109
	5,045	6,298	11,343

Of the above, as shown in the report, 553 are in the county poor-houses. Those however, are undoubtedly of a class which would have been included in the Butler Committee "proposition" of 1866, which the Association, Dr. Godding says, "almost unanimously rejected;" namely: "*No class of insane except that of chronic and advanced dementia shall be cared for otherwise than in hospitals properly constructed, equipped and organized.*"

Dr. Godding in summing up the results of forty years, says:

To-day there are probably not less than one hundred thousand insane within the limits of the United States. The increased provision will probably afford good accommodation for thirty thousand inmates, and at the date of the United States census in 1880, forty thousand nine hundred and forty-two were crowded into these hospitals, including the insane departments of alms-houses, leaving the majority still to be provided for, as in 1844, indiscriminately huddled in alms-houses, in jails, in cages, and adrift in the community. Thus far only, then, have we come in our progress in provision, in forty years.

Whatever may be said of other States, New York is not behind in this great work. If she has five millions

of population, and there are one hundred thousand insane in the United States, in a population of fifty millions, she has her full share in the 11,343 insane which she is taking care of under "enlightened supervision," and under an organized State system. Her skirts are clear. With all respect to Dr. Godding as a historical memorialist, we can not believe that in other States "the majority are still unprovided for, and indiscriminately huddled in alms-houses, in jails, in cages and adrift in the community."

It is always better to adhere to historic facts than to practice indiscriminating eulogy. We regret to see such a jumble of history in such a memorial paper, forces of importance laid aside or not mentioned, and unimportant things magnified into moving powers, the memorialist struggling and quibbling with a resolution of the Association about the numbers that ought to be in a hospital, as though it were a great detracting influence; while, as we have already said, leaving out the efforts of Miss Dix, who, as an "individual," gave her time, character, influence and means to this very subject, not only in the State of New York, but in almost every State in the Union—the woman whom the Secretary of the Interior of the General Government invited with Dr. Nichols to locate the Government Hospital at Washington.*

* "Having succeeded, I also invited Miss D. L. Dix, a lady no less distinguished for high intellectual qualities than for her benevolence, and whose name is inseparably associated with this particular department of philanthropy, to give us the benefit of her advice and experience in the selection of the best location for the asylum. To this proposition she kindly acceded, and after a very minute examination extending through a period of a fortnight, concurred with Dr. Nichols in recommending the farm of Mr. Thomas Blagdon. * * * * * Neither the President nor myself had previously visited this farm, but at the suggestion of Dr. Nichols and Miss Dix we examined it carefully, and came to the conclusion that it was incomparably the best location."—(Letter of the Secretary of the Interior to Congress, December, 1852).

In regard to the stress laid by Dr. Godding upon the propositions of the Association in 1851 and 1853, of two hundred and two hundred and fifty patients to each asylum, we can only add to what we have said, that he has not shown that it had any influence whatever. The fact is, that proposition has had little or no influence before or since. It had nothing to do with crowding or overcrowding, with adequate or inadequate provision, and what Dr. Godding says as to his second "era" of hospitals, contradicts what he says in regard to this very proposition. When these propositions were uttered in 1851, Utica, an uncompleted institution, had 450 patients, and went steadily up to six hundred patients. (The original foundations laid were for buildings to accommodate one thousand.) The Government Hospital for the Insane, was projected in 1852. Dr. Nichols, the superintendent, says in his report for 1875: "The original hospital-edifice was designed to accommodate a maximum of 350 patients." This was directly in the face of the proposition of 1851, and in a subsequent report, when speaking of enlarging the asylum, he asks "An appropriation of \$35,956 for the extension of the administration building," saying it was originally intended for a building with 350 patients, and not large enough to meet the wants of the extension of the wards. Michigan Asylum was projected in 1854, for 288, without any regard to that proposition.

We know of no instance where a State was controlled in its action by this proposition. In connection with this point one would imagine from the statements of Dr. Godding that at the meeting of the Association in 1866, a great struggle had been made to get the Association to modify that proposition. Dr. Nichols introduced a resolution to make the

number a thousand for each institution, which was afterwards dropped to six hundred, and passed, with little opposition. Among those who steadily voted *against* the proposition of Dr. Nichols to increase the number from 250 to 600 was Dr. Cook, who was one of the final six non-concurring. The "proposition" of the committee, Drs. Butler, Walker and Brown, recommending separate provision for certain chronic insane, at that meeting, or, as Dr. Godding puts it, "in favor of distinct provision by the State for their chronic insane" was not passed. We have already shown what that proposition was. The Butler committee contemplated separate provision only for "chronic and *advanced* dementia," and to be cared for in "buildings other than hospitals." The Association emphatically condemned the proposal of their committee, not because they were *functus officio*, or were tired of formulating propositions, but because they would maintain a consistent witness to settled *principles*. It declared "the facilities for classification *or ward separation*, possessed by each institution, should equal the requirements of the *different conditions* of the several classes received by such institutions, *whether those different conditions are mental or physical in their character*," thus endorsing fully the broad ground laid down eleven years before by the Superintendents of the Poor of New York.* Dr. Chipley, of Kentucky, offered, as already stated, as a substitute, the resolutions of the Superintendents of the Poor of New York, published in 1855, which was carried. As the proposition of the committee was thus rejected, Dr. Godding bursts into anathema, as follows: "It was time that they had done with enunciating propositions for all time in one decade, that changing circumstances may require to be modified or repeated in the next." Suppose the Asso-

* See Proceedings, 1866, JOURNAL, Vol. 23, page 248.

ciation had enunciated *that* proposition? Then that body would have been "simply glorious," in Dr. Godding's estimation.

We can not allow Dr. Godding at this late day, in the light of history, to raise the issue or attempt to proclaim as a fact from the rostrum of a committee of the Association, that there ever was indifference or any dispute as to taking care of all the insane. The only question on which there was any difference either in the Association or out of it, was, as to whether all classes of the insane, in all stages of the disease, should be received and treated in hospitals together, or whether those that were supposed to be incurable should be placed in separate asylums. No other issue was ever raised in New York or in the Association. Some "earnest men" believed the States would not grant the means for the necessary expenditure for general hospitals, and as the chronic cases required less expensive structures, whether kept in the general hospitals or special institutions, it would be better to create two classes of institutions. Equally "earnest men" in the Association and a larger number, thought the States would meet the expense, and that universal provision could be as economically made by continuing the established method of enlarging the institutions from time to time; as expressed by Dr. Brown, of Bloomingdale, endorsing what the JOURNAL OF INSANITY had said, "expansion of the existing hospital system to embrace all of the class of the insane requiring the aid and support of the State." This was the whole of it. None of the helpless were to be cast out or "thrown to lions," or left "festeriug in cages or jails."

New York was not involved in the question discussed at the Association. As we have already stated,

a year previously she had determined on two classes of institutions by the Legislative enactment entitled: "An act to authorize the establishment of a State asylum for the chronic insane and for the better care of the insane poor, to be known as the Willard Asylum for the Insane," and had appropriated \$75,000 to commence the work. The writer was chairman of the commission to locate and give a plan for the Willard Asylum, with Dr. Jno. B. Chapin and Dr. Julian T. Williams. There was no necessity, therefore, for Dr. Godding's dream of a pilgrimage, in the spring of 1866, to "go down from New York to Albany" in the special interest of humanity in that State. The Willard Asylum, as we have shown, was authorized before the Association had taken any action; before Drs. Butler, Walker and Curwen were appointed to report on the subject of the care of the chronic insane, and Dr. Cook, in his paper read at that meeting so stated and quoted the act. The question for the Association of Superintendents, was simply whether it should follow the lead of New York and endorse her policy. Besides, there was no "forlorn hope" led by anyone, or ever needed in New York, as he represents. The Willard plan had been proposed by the Governor to the Legislature and passed without opposition, and was heartily espoused by such men as Judge Folger, Ezra Cornell, William Kelly, &c., and was in popular favor, especially as it proposed a less expensive method of provision, and further, no institution ever received more generous support in its inception and subsequent extension than the Willard Asylum.

We can not allow such an expression as this to pass unnoticed in a memorial service. Alluding to Willard he says: "See what, under the careful management, the energy and determination of one man, this establish-

ment, in spite of croaking and coldness, and opposition, has grown to be." After the policy of New York was settled in favor of two classes of institutions, and Dr. Chapin was appointed Superintendent, there was no opposition, neither was there any "croaking" or "coldness" before or after. If there had been, it would have been all the more out of place in such a paper, at such a time and in such a place, to refer to it.

The institutions of New York have grown out of the sentiment of 1855 which pervaded the people, and have become what they are under the united efforts of the officers of asylums and superintendents of the poor having immediate charge of the insane poor, sustained by the medical profession, both as individuals and as a State society. Whatever difference existed as to how the work might be best accomplished there was unanimity of aim and that aim was to provide for all. There were embarrassments, delays and impediments which came out of questions of public policy as to how rapidly the result could be reached or how it best could be accomplished. There were also embarrassments, confusion and delays from the agitation of iconoclastic reformers without experience, whom enthusiasm led to see in themselves the possibilities of coming centuries of psychiatry, and who were impatient of the conservative spirit determined to see the results of progress step by step. Again in a large measure, we are pained to say, evils have come from men who appeared in the light of detractors, scandalizers and pernicious agitators. The first kind of obstructiveness is healthful, the second inevitable, but can be got along with; the last is pernicious and poisonous, but nevertheless powerless on the whole against the steady progress of humanity which must in the end succeed. Again and again, these latter have

put themselves up as special reformers, opponents of the established progressive system of things, and assumed the guise of missionaries of new systems, or those of France, Scotland, England, or their own or all combined—anything, indeed, but the system in use; which was too old, or too new, too weak or too strong, too arbitrary or too loose. Their motto has seemed to be

Si perfectionem requiris, me adspice.

While alternately glorifying and depreciating the labors of our predecessors, and of the members of the Association down to the present time, Dr. Godding finally climbs to the loftiest heights of the Pisgah of psychology, and looks down upon the great general hospitals covering the land, with supreme satisfaction. At the same time he beholds these same institutions, with prophetic eye, crumbling like the Parthenon on the heights of the Acropolis at Athens: "Noble monuments of the past, but not habitations to live in." He fails to show, however, that the Parthenon was ever erected for a habitation, for either sane or insane. In this vision he sees the ghostly forms of the authors of these institutions hunting through the moldering rubbish for trinkets as testimonials of their former reputation. He espies, however, away from these, resting on the plains of the far-off west, at last the Mecca of his hopes, and exclaims, "Kankakee," "Kankakee," "Eureka," "Eureka." He sees in the structure of that asylum a great central institution receiving all classes of the insane—just what the Association originally proclaimed, the collection in a single hospital, under a single head, of all classes of the insane—and says: "Here may be seen buildings specially fitted for the sick, the epileptic, the suicidal, the quiet dement, the boisterous, the untidy, the paralyzed, in short, an

effort has been made here from the start, to differentiate the provision and to suit detached but associated buildings to the needs of every condition of insanity," certainly no separate institution for the insane of the chronic class.

Well, what is the result? After all the glorification bestowed on these experiments and their authors, Dr. Godding comes back at last to the very principle of the propositions of the Association. He adopts with enthusiasm, indeed, the same ideas that were suggested in the first annual report of Dr. Stephen Smith, the Commissioner in Lunacy for the State of New York, who sees the objection to a vast receptacle at some remote point in the State, collecting all the chronic lunacy as well as able-bodied laborers from the various hospitals of the State on to one farm; an enterprise placing a vast body of paupers out of all easy reach or sight of their relatives. At any rate, he makes a complete surrender of the "separate provision plan," and a triumphant vindication of the propositions of the Association. Of course, it must rest in the judgment of our boards of medical officers how best to secure the proper classification and *ward* separation with the least expenditure and friction compatible with the real welfare of the insane. This problem can safely be left in the light of experience to work itself out.

Is all this new which Dr. Godding has said?

Before the vision of "the men of '66," had appeared to Dr. Godding, the *AMERICAN JOURNAL OF INSANITY*, October, 1865, Volume XXII, immediately after Willard was authorized, pressed upon the State of New York the following recommendations:

The State should be apportioned into three sections, equal in population, and the insane of the central section sent to Utica.

Two hospitals for the treatment of acute paroxysmal or violent insane should be built, one in the eastern and one in the western section, whose sole architectural requirements should be perfect adaptability to the wants of hospital practice. Separate buildings, less expensive, and of similar construction, out of the hospital and disconnected with it should be provided for the quiet and filthy demented and paralytics. Buildings of a suitable form should also be erected for the treatment of epileptics. Each hospital should have a farm attached to it of from three to five hundred acres, to the cultivation of which the labor of patients should be particularly directed, both from economical considerations and the medical benefits to the insane of out-door life and occupation. Upon the farm there should be cottages for the employes engaged in the various agricultural and industrial departments of the institution. With these employes, the orderly, industrious chronic or the convalescent acute patient might reside. Such an arrangement would permit a certain degree of family-life and a larger liberty to this class than are compatible with the organization of the hospital proper. It might be found practicable, after due consideration, to withdraw a certain proportion of patients from the hospital and domicile them in cottages which could, in great measure, be constructed at small expense by the labor of patients themselves.

It will be seen, therefore, after all his wanderings and uncertainties, Dr. Godding comes to the recommendation of this JOURNAL in 1865, and recommends the very institution fashioned almost after the language then uttered in the "golden age of cathedrals." After all his dexterous manipulation of facts to the apparent discredit of the Association, he in the end comes down by way of Kankakee, squarely and openly into the camp of the dreaded propositionists like a prodigal returning home.

One thing more. Looking over the "evidences of progress," we find, Dr. Godding says, respecting the Government Hospital, that Dr. Nichols "made here the first distinct detached building for the colored insane in America, thereby placing his hospital provision *outside*

of the propositions by placing it twenty-five years ahead of his time and abreast of the requirements of to-day."

Pray, what proposition did this get outside of? The colored people in the various States, certainly in the State of New York, had always until then, and ever since have been received into the various State hospitals equally with the whites and have received the same treatment. Had the United States Government done less for colored people in the District of Columbia, then, it would have fallen far short of a plain simple duty. Dr. Nichols, in the original plan of the institution, recommended to the United States Congress, to provide "a Lodge" for the care of the colored insane instead of treating them in the wards among the white patients. In 1859, this Lodge contained, according to Dr. Nichols' report, 6 colored men and 11 colored women, and was so crowded that he recommended that another be built, and one be used for each sex.

At this day, from the Government Hospital this separation of the soldiers and sailors of the Army and Navy of the United States on account of color, would seem a strange proceeding to glory in, when colored men sit in the Legislatures of the States, in the Congress of the United States and in the United States Senate, and when recently a colored man was a most respected Marshal of the District of Columbia under appointment of the President of the United States.

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